



**School Year 2017-2018  
Educational Enrichment Foundation  
Interscholastic Participation Fee Assistance  
Application for TUSD Middle School Students**



<b>FOR EEF USE ONLY</b>	
Application #:	_____
APPROVED?	
<input type="checkbox"/> YES \$ Amount:	_____
<input type="checkbox"/> NO Reason:	_____

PLEASE TYPE OR PRINT LEGIBLY. Complete ALL sections, leaving no blanks. Incomplete applications will not be considered. Students must meet eligibility requirements. TUSD middle school students may receive EEF fee assistance for up to two interscholastic activities per school year, if funding is available. Additional program information is available at online at <http://eefucson.org/>.

Student's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_  Student's Cell  Parent's Cell  Home (Landline)  Other: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_  Student's Cell  Parent's Cell  Home (Landline)  Other: \_\_\_\_\_

Email Address: \_\_\_\_\_  Student's Email  Parent's Email  Other: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Grade:  Sixth (6)  Seventh (7)  Eighth (8)

Middle School:  Booth-Fickett  Borman  Dietz  Dodge  Doolen  Drachman  Gridley  Hollinger  
 Lawrence  Magee  Mansfeld  Maxwell  McCorkle  Miles  Pistor  Pueblo Gardens  Roberts-Naylor  
 Robins  Rose  Roskruge  Safford  Secrist  Utterback  Vail  Valencia

Student's athletic or fine arts activity? Please name ONLY ONE activity. Use separate application forms for each activity.

How many people reside in the student's home (including student, parents, step-parents, grandparents, brothers, sisters and ALL others)? \_\_\_\_\_

What is the total gross (pre-tax) ANNUAL family/household income for all those residing in the student's home? Please include INCOME FROM ALL SOURCES including part-time/full-time salaries, Social Security, unemployment, TANF/AFDC, food stamps/SNAP, DES cash assistance, pensions/retirement, commissions, tips, child support, alimony, etc. Income verification may be required.

Describe any special circumstances EEF should know about when considering this application:

**PARENT/GUARDIAN ACKNOWLEDGEMENT:** I certify that the information provided on this application is true and correct to the best of my knowledge and that my child is currently eligible to participate in the activity named above. I agree to promptly notify EEF of any changes in the status of my child's interscholastic enrollment/activity.

Parent's/Guardian's Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* VERIFICATION: TO BE COMPLETED BY TUSD SCHOOL SITE REPRESENTATIVE (Principal, Assistant Principal, Office Manager, etc.)\*\*\*\*\*  
 Return completed application to: EEF, 3809 E Third St., Tucson, AZ 85716 520-325-8688 Phone 520-325-8579 Fax [info@eefucson.org](mailto:info@eefucson.org) <http://eefucson.org/>

1. Student is academically eligible for the activity checked above:  Yes  No, explain below.
2. Student qualifies for (check one)  FREE or  REDUCED meal assistance.
3. Describe any special circumstances EEF should consider when reviewing this application. Include detailed information about excessive unexcused absences, discipline concerns/issues, etc.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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